FEC FORM 1

STATEMENT OF ORGANIZATION

FOR	RM 1		ORGANIZATION						
		(See instructions)					Office use only		
1. NAME COMM	E OF MITTEE (i	n full)		(Check if name is changed)	Exa over	mple: If typying, type the lines	12FE4M5		
BRUI	NSWICK	CORPC	RATION G	OOD GOVERN	IMENT F	UND	1111		
ــــــــــــــــــــــــــــــــــــــ									
ADDRESS	number an	d street)	1 N F	IELD CT	111				
,	(Check if address								
is ch	nanged)		LAKE	FOREST		шшш	ᄔ	60045 -	
					CITY		STATE▲	ZIP CODE ▲	
COMMITTI	EE'S E-M	AIL ADDR	ESS (Please	provide only one e	-mail addr	ess)			
`	eck if addre nanged)	ss	dave.	marlow@brun	swickbo	atgroup.com			
13 011	iangea)				111				
COMMITTI	EE'S WEI		DDRESS (UI	DI \					
				bipac.net/brur	nswick			1	
,	eck if addre nanged)	SS							
2. DATE	M ₀	м 3	18 / Y	2009					
3. FEC IDENTIFICATION NUMBER C C00110262									
4. IS THI	IS STATE	MENT	NEW	(N) OR	X	AMENDED (A)			
I certify that	I have exa	nined this	Statement and	to the best of my kn	owledge ar	nd belief it is true, correct an	d complete	_	
.			w	/illiam L. Metz	aer				
Type or Pri	int iname d	T Treasure	er	mum Li motz	901				
Signature o	of Treasur	er El <u>ec</u>	tronically Filed	l by William L	Metzge	er	Date 0 4	22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
NOTE: Subi	mission of	alse, erron				he person signing this State			
	Office					For further information of	contact:	FEC FORM 1	
	Use Only					Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	iion	(Revised 02/2009)	